

# United States District Court

District of the Northern Mariana Islands

Robert D. Bradshaw

Plaintiff

V.

## SUMMONS IN A CIVIL CASE

ALEXANDRO C. CASTRO, et. al.,  
See Attached Listing.  
Defendants

CASE NUMBER: CV 05-0027

### COMPLAINT and AMENDED COMPLAINT

TO: (Name and address of Defendant)

Alexandro C. Castro  
Supreme Court  
Commonwealth of the Northern Mariana Islands  
Saipan, MP 96950

FILED  
Clerk  
District Court

DEC 19 2005

For The Northern Mariana Islands  
By \_\_\_\_\_  
(Deputy Clerk)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ~~SATTORNEY~~ (name and address)

Robert D. Bradshaw  
Plaintiff, Pro Se  
PO Box 473  
1530 W. Trout Creek Road  
Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK

(By) DEPUTY CLERK

SEP 22 2005

DATE

**RETURN OF SERVICE**


Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <u>DEC 2, 2005</u>
NAME OF SERVER (PRINT) <u>ROBERT D. BRADSHAW</u>	TITLE <u>PLA. NTIFF</u>
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____	
<input checked="" type="checkbox"/> Other (specify): <u>CERTIFIED MAIL, RETURN RECEIPT</u> <u>ATTACHED</u>	

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

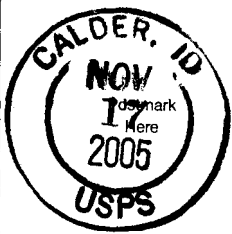
Executed on Dec 2, 2005 Date  Signature of Server  
Box 473  
CALOER 1083808  
 Address of Server


(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**LISTING OF DEFENDANTS FOR SUMMONS**

COMMONWEALTH OF THE NORTHERN )  
MARIANA ISLANDS (hereafter referred to )  
as the CNMI); NICOLE C. FORELLI, former )  
Acting Attorney General of the CNMI, in her )  
personal/individual capacity; WILLIAM C. )  
BUSH, former Assistant Attorney General of )  
the CNMI, in his personal/individual capacity; )  
**D. DOUGLAS COTTON, former )**  
**Assistant Attorney General of the CNMI )**  
**in his personal/individual capacity; L. )**  
DAVID SOSEBEE, former Assistant Attorney )  
General of the CNMI, in his personal/individual )  
capacity; ANDREW CLAYTON, former )  
Assistant Attorney General of the CNMI, in his )  
personal/individual capacity; Other )  
UNKNOWN and UNNAMED person or )  
persons in the CNMI OFFICE OF THE )  
ATTORNEY GENERAL, in their )  
personal/individual capacity, in 1996-2002; )  
ALEXANDRO C. CASTRO, former Judge Pro )  
Tem of the CNMI SUPERIOR COURT, in his )  
personal/individual capacity; JOHN A. )  
MANGLONA, Associate Justice of the )  
CNMI Supreme Court, in his )  
personal/individual capacity; TIMOTHY H. )  
BELLAS, former Justice Pro Tem of the CNMI )  
Supreme Court, in his personal/individual )  
capacity; PAMELA S. BROWN, present )  
Attorney General of the CNMI; in her )  
personal/individual capacity; )  
ROBERT A. **BISOM**; and JAY H. SORENSEN.)  
Defendants )



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: <b>SAIPAN MP 96950</b>	
Postage	\$ <b>3.85</b>
Certified Fee	<b>2.30</b>
Return Receipt Fee (Endorsement Required)	<b>1.75</b>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <b>7.90</b>
	
Name (Please Print Clearly) (To be completed by mailer) <b>JUSTICE ALEXANDER C CASTRO</b>	
Street, Apt. No., or PO Box No. <b>PO Box 502165</b>	
City, State, ZIP+4 <b>SAIPAN MP 96950</b>	
PS Form 3800, July 1999 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>STEVEN J GIERKE</b> C. Date of Delivery <b>DEC 2 2005</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <b>JUSTICE ALEXANDER C. CASTRO</b> <b>CNM1</b> <b>SUPREME COURT</b> <b>PO Box 502165</b> <b>SAIPAN MP 96950</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>
<p>2. Article Number <b>7099 3220 0001 3672 1189</b> (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

